

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5		/				
6		/				
7		/				
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48		/				
49		/				
50		/				
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
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89		/				
90	/					
91	/					
92	/					
93		/				
94		/				
95		/				
96	/					
97		/				
98		/				
99		/				
100		/				
TOTAL IND.	7	↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	10					
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Ind 2 + 7 + 10 = 19 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS
Dep 5 = 119